

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10687864 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		4				
5		4				
6		4				
7		4				
8	1					
9		1				
10		1				
11		1				
12		4				
13		4				
14		4				
15	1					
16	1					
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		4				
25		4				
26		2				
27		4				
28		2				
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37						
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39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	4					
TOTAL IND.	62					
TOTAL DEP.	66					
TOTAL						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						